

# Online cognitive-behavioural therapy for obsessive-compulsive disorder

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OCD is a severe and incapacitating psychiatric disorder associated with intense anxiety, high degrees of psychiatric comorbidity, and significant health and social costs. It has a devastating impact on individual functioning. As such, OCD is recognised as a leading cause of disability. OCD is characterised by the presence of obsessions and/or compulsions. Obsessions are unwanted thoughts, images or impulses that are recurrent, persistent and intrusive, and that lead to marked distress. Compulsions are repetitive, rigid intentional behaviours or mental acts performed to reduce distress that follows an obsession, or to avoid potential danger.

Psychological models of OCD have prompted most recent advances in its psychological treatment. Central to the model is the understanding that normal unwanted intrusions (i.e., thoughts, images, urges) form the basis of obsessions. Unwanted intrusions are universal in the experiences of the general population, and normal intrusions are indistinguishable from clinical obsessions. Thus, the difference between normal intrusive thoughts and obsessions lies in the meaning attached to the occurrence and/or content of intrusions. Certain belief types (e.g., inflated personal responsibility, threat overestimation, and perfectionism) are central to driving misinterpretations of intrusions as personally significant, meaningful and/or dangerous. Misappraisals lead to anxiety or discomfort, and provoke unhelpful responses (e.g., compulsions) to alleviate distress. While such responses reduce discomfort in the short term, they are negatively reinforced and maintain the misappraisals. Neutralisation of the unwanted intrusions paradoxically increases their frequency and intensity. Misinterpretation and neutralisation thus provoke unwanted intrusions to become obsessions and further strengthen maladaptive beliefs.

## *Cognitive Behaviour Therapy for OCD*

In targeting the cognitive process in cognitive-behavioural therapy (CBT), patients monitor thoughts, evaluate evidence for maladaptive beliefs and appraisals, and develop and practice more productive appraisals. Behavioural experiments and other cognitive techniques that help test alternative interpretations of intrusions are a key strategy in the treatment of OCD, but these techniques are somewhat more specialised and less accessible than the more widely known exposure-based strategies. Exposure and Response Prevention (ERP) is a central behavioural technique requiring individuals to face situations that induce distress and to refrain from engaging in compulsive rituals. In doing so, ERP leads to the reduction of avoidance and anxiety responses.

Professor Michael Kyrios and his team developed a face-to-face CBT treatment for OCD called Systematic Treatment for Obsessive-compulsive Phenomena or **STOP**. From our own research, we

know that individuals with OCD can generally access pharmacological treatments, generic counselling, but many cannot access specialist programs due to their remoteness from services and other psychosocial factors. However, specific and contemporary psychological treatments for OCD are difficult to access for all (urban and rural) due to the lack of an adequately trained workforce. We also know that, while effective treatments are difficult to access, many individuals seek out and find pertinent information from the internet, books, healthcare professionals, and even non-professionals.

### *Online Psychological Treatments*

Over 84% of the Australian population have internet access and this figure continues to increase. Therefore, internet interventions have a unique opportunity to deliver evidence-based mental health treatment to large segments of the population, who are otherwise unable to receive such treatment. Online therapy has distinct potential advantages. It allows dissemination of standardised yet personalised treatments. The programs can be customised for each patient while still maintaining treatment programs in the correct sequence. In addition, such therapy includes regular contact with therapists over e-mail communication, which is particularly beneficial for patients in geographically isolated regions, who do not have access to specialised mental health professionals.

In contrast to face-to-face services, online treatments can be accessed 24 hours/day, 7 days/week, without affecting efficiency, while generally having lower costs. Online mental health interventions are an established and effective means to provide specialised CBT. These programs are effective for a variety of disorders and/or symptoms, including depression, panic disorder post-traumatic stress, and specific phobias.

### *OCD STOP*

OCD STOP is the online version of the face-to-face STOP program. It comprises of 12 modules, with one module completed per week. Modules 1-3 provide information about OCD, anxiety, and an introduction to CBT, along with anxiety and depression management strategies. In Modules 4-6, ERP strategies are introduced through the construction of hierarchies. These teach the participant to plan and implement an ERP program suited to their individual problem. Modules 7-9 include cognitive therapy techniques targeting unhelpful OCD-specific cognitions. Modules 10-12 include relapse preventions strategies.

Professor Kyrios and his team are conducting a large study way to see who can most benefit from OCD STOP. To get involved and get free expert treatment for OCD, access the program through the website [www.ocdstop.org.au](http://www.ocdstop.org.au).

The study is open to all Australian residents aged 18 years and over, and offers free online treatment supported by expert therapists.

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